

Novel H1N1 Swine Influenza Immunization
Adopt-a-School/Head Start
Please PRINT clearly in blue or black ink

Complete one form per School/Head Start adopted.

Healthcare Facility/Clinic: _____

Contact Person: _____ Phone Number: _____

Address: _____

(City) (State) (Zip) (County)

Adopted School: _____

Contact Person: _____ Phone Number: _____

Address: _____

(City) (State) (Zip) (County)

I agree to provide support and commitment to the above mentioned school/headstart. By joining the Adopt-a-School program, I agree to put the best interest of our children first by committing to administer the Novel H1N1 Swine Influenza vaccination.

Signature of Physician

Date

Print Physician's Name

Please fax to: 601-576-7468 or 1-800-634-9204

Mississippi State Department of Health

Immunization Program

570 East Woodrow Wilson Drive

Jackson, MS 39216